Affidavit to Accompany Motion for Leave to Appeal in Forma Pauperis A 10: 17

FILED IN CLERKS OFFICE L. S. THE SPORALS FOR THE FOLLOWIT

District Court No. 1 012017 Appeal No. 04- CU-11959-NG

v.

Affidavit in Support of Motion

I swear or affirm under penalty of perjury that, because of my poverty, I cannot prepay the docket fees of my appeal or post a bond for them. I believe I am entitled to redress. I swear or affirm under penalty of perjury under United States laws that my answers on this form are true and correct.(28 U.S.C. § 1746; 18 U.S.C. § 1621.)

Signed:	F	larco	Benef	
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Instructions

Complete all questions in this application and then sign it. Do not leave any blanks: if the answer to a question is "0," "none," or "not applicable (N/A)," write in that response. If you need more space to answer a question or to explain your answer, attach a separate sheet of paper identified with your name, your case's docket number, and the question number. Date: O + 13 - 07

My issues on appeal are:

1. For both you and your spouse estimate the average amount of money received from each of the following sources during the past 12 months. Adjust any amount that was received weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate. Use gross amounts, that is, amounts before any deductions for taxes or otherwise.

Income source	Average monthly the past 12 mont	_	Amount expected	d next month
Employment	You \$ 0 · 0 °	Spouse \$	You \$	Spouse \$
Self-employment	\$ 0.00	s	s	\$
Income from real property (such as rental income)	\$ 0.00	s	s	\$
Interest and dividends	\$ 0.00	s	\$	s

Income source	Average monthly the past 12 mont		Amount	expected next month
	You	Spouse	You	Spouse
Gifts	\$ 0.00	\$	\$	\$
Alimony	\$0.00	\$	\$	s
Child support	\$ 0.00	\$	\$	s
Retirement (such as social security, pensions, annuities insurance	\$ <u>315.00</u>	s	\$	\$
Disability (such as social security, insurance payment	\$ 443.0°	s	s	s
Unemployment payments	\$	s	\$	\$
Public-assistance (such as welfare)	s	\$	\$	<u> </u>
Other (specify):	_ \$	\$	\$	<u> </u>
Total Monthly income:	s	\$	\$	s
2. List your employment his other deductions)	story, most recent o			
Employer A	adaress	Dates of Emp	oloyment	Gross monthly pay
3. List your spouses's empl taxes or other deductions) Employer A	oyment history, mo	Dates of Emp	first. (Gro	

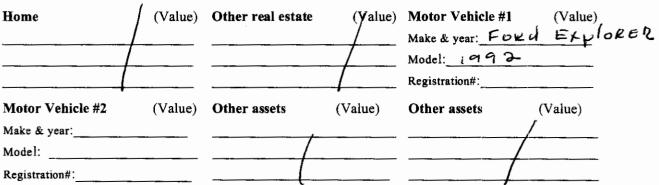
4. How much cash do you and your spouse have? \$ \(\mathbb{N}\) \(\begin{aligned} \mathcal{O} \\ \mathcal{O} \\ \end{aligned}	
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Below, state any money you or your spouse have in bank accounts or in any other financial institution.

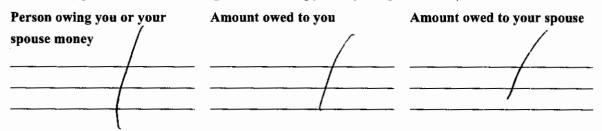
Financial Institution	Type of Account	Amount you have	Amount your spouse has
THE COPE-		\$ 7 100.00	\$
RATIVE	Checking	\$	\$
BANK		\$	\$ /

If you are a prisoner, you must attach a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months in your institutional accounts. If you have multiple accounts, perhaps because you have been in multiple institutions, attach one certified statement of each account.

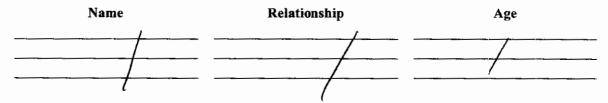
5. List the assets, and their values, which you or your spouse owns. Do not list clothing and ordinary household furnishings.



6. State every person, business, or organization owing you or your spouse money, and the amount owed.



7. State the persons who rely on you or your spouse for support.



8. Estimate the average monthly expenses of you and your family. Show separately the amounts paid by your spouse. Adjust any payments that are made weekly, biweekly, quarterly, semiannually, or annually to show the monthly rate.

	You	Spouse
Rent or home mortgage payment (include lot rented for mobile home)	\$	\$
Are any real estate taxes included? □ Yes □ No Is property insurance included? □ Yes □ No		***************************************
Utilities (electricity, heating fuel, water, sewer, and Telephone)	\$	\$
Home maintenance (repairs and upkeep)	\$	\$
Food	\$	\$
Clothing	\$	\$
Laundry and dry-cleaning	\$	\$
Medical and dental expenses	s	\$
Transportation (not including motor vehicle payments)	\$	s
Recreation, entertainment, newspapers, magazines, etc.	\$	\$
Insurance (not deducted from wages or included in Mortgage payments)	\$ D.00	\$
Homeowner's or renter's	\$	\$
Life	\$	\$
Health	s 0.00	\$
Motor Vehicle	\$	\$
Other:	\$	\$
Taxes (not deducted from wages or included in Mortgage payments)(specify):	<u>\$ 0.00</u>	\$
Installment payments	\$	\$
Motor Vehicle	\$	\$
Credit card (name):	\$	\$
Department store (name):	\$	\$
Other:	\$	\$

Alimony, maintenance, and support paid to others	\$	\$
Regular expenses for operations of business, profession, or farm (attach detailed statement)	s	\$
Other (specify):	\$	\$
Total monthly expenses:	\$	\$
9. Do you expect any major changes to your monthly income during the next 12 months? Yes I No If yes, describe on a	-	assets or liabilities
- 165 + 176 - 11 yes, describe one	ar actaonou saoot.	
10. Have you paid — or will you be paying — an attorney a case, including the completion of this form? ■ Yes □ No	any money for services	in connection with thi
If yes, how much? \$	/	
If yes, state the attorney's name, address, and telephone num	lber.	
<u> </u>	/	
11. Have you paid — or will you be paying — anyone other typist) any money for services in connection with this case, in Yes \square No		
If yes, how much? \$		
If yes, state the person's name, address, and telephone numb	er:	
12.Provide any other information that will help explain why appeal.	you cannot pay the d	ocket fees for your

MAILING A	dress · po · Box 2437
JAMAICA	plain Ma, 012130
Your daytime phone :	number: ()
Your age:	Your years of schooling:
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